MARYLA D STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. E. LENGTH OF STAY IN 16 write RURAL and give neerest town) 10 d. STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO woodbin 3. NAME OF Month Dev OF DECEASED 1966 (Type or print) orseu 9. AGE (In years | U UNDER 1 YEAR IF UNDER 24 HRS. RACE 7. MARRIED NEVER MARRIED last birthday) Months DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY : 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ple 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMAN (Yes, no, or unkown) + (If yas give war or detes of service) -20-35 INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH schrotic Cardiovascular DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (4) gave rise to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO V 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or lown) (County) (Stele) 20c. TIME OF INJURY Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour a.m. el work st work 1958 to 2 am 5, 1966, that (1) (we) last 21, 1 certify that (I) (this hospital) attended the deceased from....... .1966, and that death occurred at 4 P.M. from the causes and on the date stated above. saw the deceased alive on. 22e. SIGNATURE DATE SIGNED ATTENDING DIRECTOR PHYS. eath. Page 4 22d. ADDRESS 22c. PHYSICIAN'S director, pag NAME (Type) 23ca NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City, lown or county (State 238 BURIAL, CREMATION, | 23b. REMOYAL (Specify) 0 BY REGISTRAS FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) ISM 7-62

DYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate degree 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY   Howard   A. STATE   D. COUNTY   Howard   A. STATE   Howard   C. Length of STAY in 1b   Mary Land   Locate   Howard   Howard   C. Length of STAY in 1b   Mary Land   Howard   Howard   Howard   C. Length of STAY in 1b   Mary Land   Howard   Howard   Howard   C. Length of STAY in 1b   Mary Land   Ellicott City   Syrs.   C. Name of Hospital or Institution (if not in hospital, give street address)   A. STREET ADDRESS   C. STREET ADDRES
Howard  D. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)  RURAL BIJICOTT City  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  J. STREET ADDRESS  G. SEX  G. COLOR OR RACE  Widdle  Widdle  Last  G. GORDON  S. SEX  B. DATE OF BIRTH  Wind Wind Wind Wind Wind Wind Wind Wind
b. C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Rural Ellicott City  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  DECEASED  Type or print)  Melba  L. Gordon  DECEASED  Type or print)  White WIDOWED  DIVORCED  May 22,1921  May 32,1921  Min.  M
Rural Ellicott City  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  3. NAME OF DECEASED (Type or print)  Melba  L. Gordon  S. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MAR
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  25 Normandy Drive  25 Normandy Drive  26 Normandy Drive  3. NAME OF DECEASED (Type or print)  3. NAME OF DECEASED (Type or print)  4. DATE Month Day Yes No Month Day 12. CITIZEN OF WHAT COUNTRY Telephone Co. Baltimore, Md.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  Nildred Williams Address (Yes, no, or unkown) (Ifyesgive war or dates of service) (Ifyesgive war or dates of service) Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions, If any, which gave rise to Immediate Cause (a), stating the Due To Conditions (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED! PERFORMED!  Yes Day Autops (a) Stating the Performance (b) Day Autops (b)
25 Normandy Drive   YES   No   Mark   DECEASED   Tope or print)   Melba   I. Gordon   Gordon   DEATH January 8   1966
NAME OF DECEASED (Type or print)   Melba   L.   Gordon   Deceased (Type or print)   Melba   Deceased (Type or print)   Melba   Deceased (Type or print)   D
Comparison   Com
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
DIVORCED   May 22, 1921   144 yrs.    108. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   10b. Kind of Business or during most of working life, even if retired)   12b. Kind of Williams   12b. Was autopsy performed?   12b. Was autopsy performed.   12b. Was autopsy
10b. KIND OF BUSINESS OR INDUSTRY Telephone Co. Baltimore, Md.  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or umkown) (If yes give war or dates of service)  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  19. Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  10b. KIND OF BUSINESS OR IN. KIND OF BUSINESS OR INDUSTRY  Telephone Co. Baltimore, Md.  11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Baltimore, Md.  11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Baltimore, Md.  12. CITIZEN OF WHAT COUNTRY?  Baltimore, Md.  13. FATHER'S NAME  Mildred Williams  Address  216-14-0635 Charles Gordon 25 Normand y Drive  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  19. WAS AUTOPSY PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?  PERFORMED?
Telephone Co. Baltimore, Md. U.S.  13. FATHER'S NAME    14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)   16. SOCIAL SECURITY NO. 17. INFORMANT   Address (Yes, no, or unknown) (If yes give war or dates of service)   216-14-0635   Charles Gordon 25 Normand y Drive
13. FATHER'S NAME    late Paul Sweetman   14. Mother's Maiden Name   15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)   16. SOCIAL SECURITY NO. 17. INFORMANT   Address   216-14-0635   Charles Gordon 25 Normand y Drive
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)  216-11-0635 Charles Gordon 25 Normand y Drive  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED? YES NOW
(Yes, no, or unknown) (If yes give war or dates of service) 216-14-0635 Charles Gordon 25 Normand y Drive  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NOA
216-14-0635 Charles Gordon 25 Normand y Drive  18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONGIVEN IN PART I(a)  19. WAS AUTOPSY PERFORMED?  YES NOW
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED? YES NOT CONTRIBUTING TO CAUSE OF DEATH  200. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH  200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part 1 or Part 11 of Item 18.)
YES NOW DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury In Part 1 or Part 11 of Item 18.)
20a, ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.)  While at work at work at work
Hour a.m.  While Not While at work at work
21. I certify that (I) (this hospital) attended the deceased from 5 1964 to 8 2 1966, that (I) (we) last
saw the deceased alive on Co. Tropic and that death occurred at X. A.T.M. from the causes and on the date stated above.
saw the deceased alive on 2 1965, and that death occurred at \$25M, from the causes and on the date stated above.    220. DATE SIGNED
22a. STGNATURE 22b. DATE SIGNED
22a. 9/GNATURE  M.D. ATTENDING DIRECTOR PHYS.  22b. DATE SIGNED  22c. PHYSICIAN'S 22d. ADDRESS
22a. SIGNATURE  M.D. ATTENDING DIRECTOR PHYS.   22b. DATE SIGNED
22a. SIGNATURE  M.D. ATTENDING DIRECTOR PHYS.  22c. PHYSICIAN'S NAME (TYPE) GEORGE J. P. CLANDES TO 101 LUMBER STAFF  23a. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CREMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
22a. SIGNATURE  M.D. ATTENDING DIRECTOR PHYS.  22b. DATE SIGNED  M.D. ATTENDING DIRECTOR PHYS.  22c. PHYSICIAN'S NAME (Type) General Telegraphic Phys.  22d. ADDRESS NAME (Type) General Phys.  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY PHYS.  23a. BURIAL, CREMATION, 23b. DATE THEREOF Crestlawn  23d. LOCATION (City, town or county) (State)  Burial Jan.11 '66 Crestlawn  Howard County, Md.
22a. SIGNATURE  M.D. ATTENDING DIRECTOR PHYS.  22b. DATE SIGNED  M.D. ATTENDING DIRECTOR PHYS.  22c. PHYSICIAN'S NAME (Type) GOOR 55 J. F. Chards To. 201. ADDRESS NAME (Type) GOOR 55 J. F. Chards To. 201. I unbrufy & Button  23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)

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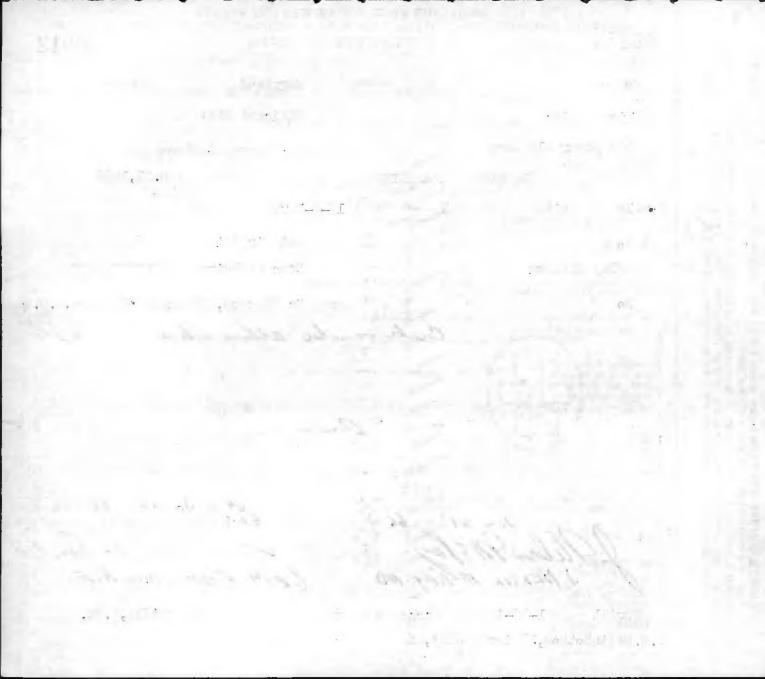
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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	ACE OF DEATH							(Where decea	ised lived, If in		Residence	before ac	dmission
					MARYLAN	a. STA		a			3		
b.	CITY OF TOWN	N (If outside cor	rporate lin	mits, I	c. LENGTH OF STAY IN	1b c. CITY O	R TOWN (If o	utside corpo	rate limits, w	rite RURA	L end gl	e neares	st town
	Write RURAL	and give neares	st town)			-	774		1.	2	1		
d.	NAME OF HOS	PITAL OR THISTI	TUTION (I	f not in ho	spital, give street addr	ecc) d STREET	llicot	t Caty	- / .			. IS RES	IDENC
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	AME OF ECEASED		First		Middle	Las	t	4. DATE	Mon	th	Day	Yea	аг
	ypa or print)	(6)	RANCE	NA	GRIDANILIDE			DEATH	Jan. 2			19	
. SE	X	6. COLOR OR R	ACE 7. P	MARRIED	NEVER MARRIEO	8. DATE OF	BIRTH	9.	AGE (In years last birthday)	IF UNDE	R 1 YEAR		
Per	male	White	W	VIDOWEO	DIVORCED	1 10-8-1	270	8		Monuis	Days	Hours	Min.
. U	SUALOCCUPAT	ION (Give kind of	work done		ND OF BUSINESS OR		- 6.11		r foreign count	y)   12.	CITIZEN	OF WHAT	
		ng life, even If r	retired)	IN	OUSTRY	***				'	COUNTRY	7	
3. F	ATHER'S NAMI	E		1		1 14. MOTH	st Vir	N NAME					
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1 E 147		VER IN U.S. ARM		P2   10 1	POOLAL PEOLID TY NO. 1		ancy D	COUTUS	Addr	0.00			
		(If yes give war or o				17. INFORMANT							
	No			?		Geneva M	c Pher	son, 69	9 Manor	dale	Lane	E.C	Mo
1 18				use per li	ne for (a), (b), and (c).]			4	_			RVAL BE	
	PART I. OE.	ATH WAS CAUSE IMMEDIATE CA			B		- 4	5/				nec	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral

VR A15 (4) 20M 1/65



MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. MEDICAL EXAMINER'S FOR STATE OF DEATH HEALTH DER PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) . COUNTY the funeral director. Page retained for your files. is necesimy, 0 MARYLAND Department death. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 1b RURAL and give neerest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRES a. IS RESIDENCE delay ON A FARM? State YES NO 3. NAME OF AUR Middle 4. DATE 1 ast Month Dev Year DECEASED OF (Type or print) DEATH 19 16 5. SEX 7. MARRIED B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours WIDOWED X DIVORCED O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after please execute the certificate, writing the word "pending" in pencil in Item 18. Give Peges 1, 2, at 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 or FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 4 Health or its designated agent, prior to burial, cremation, or removal, and in any event within 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE IStale or foreign country 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) RET 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, of pokown) [ (Ifyesgivewarordatesofservica) 18. CAUSE OF DEATH [Enter only one sause per line for (a), (b) and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** DSCLEROTIC Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying sause lest. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART NOT CERTIFICATION 19. WAS AUTOPSY PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry 2 and in my opinion death resulted from Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE M.D. DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) 4 shoul FUN Health 22a, BURIAL, CREMATION. 22b. THEREOF 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial 1-26-66 Glenwood, Md. Oak Grove 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VR A15ME Francis H. Barber Laytonsville, Md. 5M 1/63

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 0832 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) COUNTY by the and 2 death. e. STATE b. COUNTY Howard County MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporete limits, write RURA), and give necrest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest lown) Ellicott City Zone Pages urs afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Nursing Home Schaffer's papers. in 72 hor 5558 Southwestern Blvd YES NO. NAME OF Middle 4. DATE Month Yøer DECEASED OF Gustav H. Hobrock (Type or print) DEATH Jan. 19 and con carbon it, within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. A birthdey) Months Hours AAin. Feb. WIDOWED -DIVORCED [ влош 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stelle, or foreign country) Done during most of working life, even if ratired) USA Ind. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME O. A. Hobrock Sophia Christiner Henry Then removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no, or unkown) | (If yas give war or detes of service) Frank Gettman, 5558 Southwestern Bl or attending physician.

I has been signed by the burial-transit permit. permit. 18. CAUSE OF DEATH [Enter only one cause per-line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH b PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, DUE TO wie Chille Coordon Conditions, if eny, which gave rise to immediate cause burial DUE TO (a), stelling the underlying the ceusa lest PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY as 2 CERTIFICATION PERFORMED? US8 prior NO T DIRECTOR: After this c 3 should be detached for 20e. ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert | or Pert |I of Item 18.) Health OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED I 20e. PLACE OF INJURY [Home, ferm, ! 20f. (City or town) [County] (State) ō factory, street, offica bldg., etc.) While Not While Hour a.m. al work at work D.M. 19. ( ) (we) last 21. I certify that (I) (this hospital) attended the deceased from. 19.402, and that death occurred with from the causes and on the date stated above. saw the deceased alive-on DATE SIGNATURE 22b. ATTENDING SIGNED MED. STAFF with # DIRECTOR (10) PHYS. PHYS. M.D. 22c. PHYSICIAN'S 64 NAME (Type) filed \ 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) Decatur. Ind. REMOVAL (Specify) **ADDRESS** 250, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE WITZKO F.D. 4101 ineles Edmondson Ave.

HOSPITAL death. Page 4 O FUNERAL 0 = 3 VR A15 (4) 20M 5-63

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certificate



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please female carbon papers. Pages 1 and 2-should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in each event, within 72 hours after geath.

	MA	RYLAND STATE D	EPARTMENT	OF HEALTH		
	STATISTICAL RE	SEARCH AND RECORD	S, 301 W. PRE	STON STREET,	BALTIMORE 1,	MARYLANI
00833	1	CERTIFICA	TE OF DE	ATH		00813

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1. PLACE OF DEATH		2. USUAL RESIDENCE (W	ere deceased lived, If Institutiona	Residence before admission)
a. county of married of	442-141 2210	a. STATE	b. COUNTY	fairt and
D. CITY OR TOWN of butside corporate	MARYLAND limits, c. LENGTH OF STAY IN 1b	C. CITY OR TOWN (If outside	le corporate limits, write RURA	L and give nearest town)
b. CITY OR TOWN of butside corporate write RURAL and give nearest town)	3 11 -	13.74	to to post of the total total	,
Elle Markette	- 1M0	MARKE		
d. NAME OF HOSPITAL OR INSTITUTION	(if not in hospital, give street address)	d. STREET ADDRESS	, U V ()	0. IS RESIDENCE ON A FARM?
Simond Kles	t Name	I MOSELL !!	INMAN KON	YES NOX
3. NAME OF DECEASED	t   Middle	Last 4.	DATE Month	Day Year
(Type or print)	Mahmatan John		BEATH LOW 3	1966
5. SEX   6. COLOR OR RACE   7	MARRIED NEVER MARRIED	8 DATE OF BIRTH		R I YEAR IF UNDER 24 HRS.
Malo Mittella	WIDOWED XI DIVORCED TO	Jan 13 1881	last pirthday) Months	Days Hours Min.
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yourser alvered	about and jobs	MILAMIN !	SEU. 1	UO1
13. FATHER'S NAME		14. MOTHER'S MAIDEN'NA	(ME)	
- UNION HIMMIN	W.	Emily	Venhin	
15. WAS DECERSED EVER IN U.S. ARMED FORCE (Yes, no, or unknyn)   (If yes ping war or dates of s	CES? 16. SOCIAL SECURITY NO. 17.	ENFORMANT	Address	C 1
20	2/3-12-15-71 N	Manual)	Il Kan	mil
18. CAUSE DF DEATH [Enter only one	cause per line for (a), (b), and (c).	may primare	, , , , ,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	UREMIA	<b>(</b> /		ONSET AND DEATH
IMMEDIATE CAUSE (a	*			
Conditions If any which }	1º 1 a Rida da da	CIM, MANY	BLANDER	2 YEARS
gave rise to immediate		AF CICIVITY	DAIDUCK	0012111
cause (a), stating the DUE TO	)			
underlying cause last. (c			CANDING OF STREET	) 119. WAS AUTOPSY
E A	S CONTRIBUTING TO DEATH BUT NOT RELA		E COUDITION GIAFM IN LYKE T(3	PERFORMED?
CORONAN				YES NOK
20a, ACCIDENT WAS UNDERLYING OF DEATH	20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of injury	y In Part I or Part II of Item 1	8.)
20c. TIME OF INJURY Month, Day, Ye Hour a.m., p.m. 19			2Df. (City or town) (Co	ounty) (State)
Hour a.m.	While Not While at work	ory, street, office bldg., etc.)		
21. I certify that (I) (this hearit		JULY 1048	5 10 /AN -S 104	6, that (!) (we) last
	and that	t double accommod at 3 32	M from the courses and on	
saw the deceased alive on	271_ = 190 = , and that	t death occurred at	M, from the causes and on	DATE SIGNED
21. 0	5/1/25/21	ATTENDING MED.	- STAFF	-7/1- 010/1-2
22c. PHYSICIAN'S	>, were M.	D. PHYS. DIRECT	FOR PHYS.	
NAME (Type) HARLES	S WHITAKEON		WILLE MD	
DUDLIN OPERATION LOCK DATE THE	TOPOS LOGO NAME OF ORNITTED			aundu) (Péada)
23a. BURIAL, CREMATION, 23b. DATE TH	EREOF 23c NAME OF CEMETERY	Y OR CREMATORY 23	d. JOCATION (City, town or c	ounty) (State)
- Carolina G	-66 Commanu	el ami	Caggnell DES	R'S SIGNATURE
24. AUNERAL DIRECTOR	ADDRESS	111110	REGISTRAR 258. REGISTRA	K 3 SIGNATURE
18 MIT VOHOLO	MIN, MALLIEN HAR	DATEN LU	1966 / Carle	Judge.

VR AI5 (4) 20M 1/65

CERTIFICATE OF DEATH funeral should PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before agm ssion) a. COUNTY by the and 2: death. TOWARE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 led in l d NAME OF HOSPIT OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? papers. n 72 hou YES NO 🔀 completely NAME OF First 4. DATE Month DECEASED OF (Type or print) DEATH 1966 January carbon 6. COLOR OR RACE 7. MARRIED AGE (In years HE UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED and birthday) Months Davs Hours event, WIDOWED K DIVORCED physician remove 10a. USJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OF INDUSTRY 12. CITIZEN OF WHAT COUNTRY! County & State, or fore gr country) done during most of working life, even if retired) Abores please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address 1 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give wer or dates of service) best HARECAY - Woodb signed by the No 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c),) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arterio sclerosis Several Year Generalized IMMEDIATE CAUSE (a) DUE TO been Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. F)e PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERT.FICATION PERFORMED? NO X 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of fem 18.) 20e ACCIDENT WAS JNDERLYING [] OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stelle) factory, streat, office bldg., etc.) While Hour a.m. Not While al work at work DIRECTOR: 3 should be de 21. I certify that (I) (this hospital) attended the deceased from...... Jan 19 1966, and that death occured alGAM, from the causes and on the date stated above. saw the deceased alive on..... SIGNED 166 22a. SIGNATURE 22b. DATE ATTENDING TO FUNERAL I DIRECTOR PHY\$ PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) (State) 23a BURIAL, CREMATION., 23b. 123c. NAME OF CEMETERY OR CREMATORY BUTIA REC'D BY REGISTRAR VR A1S (4) 15M 7 61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
# EV #	00835 CERTIFICATE OF DEATH 08817
hours after death. d in by the funeral rs. Pages 1 and 2 c hours after death	1. PLACE OF DEATH  a. COUNTY  A. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE  D. COUNTY  MARYLAND
irs aft by th Pages urs aft	b. CMY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
24 hou filled in apers. n 72 ho	d_NAME OF HOSPITAL OR INSHITUTION (If not in hospital, give street address)  d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
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d with mplet carbo ent, w	(Type or print) W. Elavince 6. Macks DEATH Jaw. 15/669
executed within and completely remove carbon any event, with	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AQUI (In years   IFUNDER LYEAR   IFUNDER 24 HRS last birthday) Months Days Hours Min.
the be executed within 24 hours after hystefan and completely filled in by the please remove carbon papers. Pages 1 I, and in any event, within 72 hours after	10a USUAL OCCUPATION (GIVE kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY.  COUNTRY:  COUNTRY:  COUNTRY:
ng phy Then pl moval,	13. FATHER'S MAME  A Char H. Macke Marke Marke Lindau Lindau 27
eath ce attendi ermit. I	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address refuelle (Yes, 110, or unknown) (If yes give war or dates of service)  Repth a) P. Marke Ray 105 and
PHYSICIAN: The law requires that the death certificathe hospital or attending physician. His certificate has been signed by the attending phetached for use as the burial-transit permit. Then the Dept. of Health prior to burial, cremation, or removal	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  CALIDIAL THUMBERS  ONSE AND DEATH
NG PHYSICIAN: The law requires that thy the hospital or attending physician. Yer this certificate has been signed be detached for use as the burial-transtate Dept. of Health prior to burial, crestate Dept.	Conditions, if any, which gave rise to Immediate (b) General Orlenio Deliusies Citypoultusie Typas
aw requi	cause (a), stating the DUE TO underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
CGAN: The law ospital or atten certificate has not for use as to fee for use as to fee for the price.	E Ceretral Torumbiais Emplole 14 Dille Nemillegen , word Of Masia VES NO Z
HYSICIAN: he hospita this certif etached fo Dept. of H	20a. ACCIDENT WAS UNDERLYING OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)
	Soc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (State)   4 work   2 work
	21. I certify that (!) (this hospital) attended the deceased from 6/13, 1960, to 1/16, that (!) (we) las saw the deceased alive on 1/13, and that death occurred ab/10/44, from the causes and on the date stated above
AL OR ATTENDI nay be retained LL DIRECTOR: A page 3 should filed with the	229. SIGNATURE Squeric M.O. ATTENDING MED. STAFF 1 1/66
PITA 4 m2 6r, p	22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS 3432 Trespect at area Paltoniu Via 2/229
TO HOS Page TO FUN direct should	23a. BURIAL CREMATION, 23b. DATE THEREOF / 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  Am 18/60 Orlington  Coclinator  Coclinator
VR A15 (4)	24 FUNERAL DIRECTOR DESCRIPTION ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
15M 4-64	DATE JAN I 1 306 grands junge



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending posician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or refrown, and in any event, within 72 hours after death. TO NOSFITAL OR ATTENDING FAVECIES. The law requires that the death certificate enexecuted within 24 hours after death.

Page 4 may be retained by the hospital or attending paysmian.

				LAND STATE DE		HEALTH N STREET, BALTIMOR	EE 1, MARYLAND
	0083	16	T4 //	CERTIFICAT	E OF DEATH		00818
i.	PLACE OF DEATH a. COUNTY HOWAY	d	te limits,	MARYLAND C. LENGTH OF STAY IN 1b	a. STATE _	b. COUNT	tution: Residence before admission) Y Ward o RURAL and give nearest town)
-	write RURAL Ellico	N (if outside corpora and give nearest tow tt City PITAL OR INSTITUTION	n) N (if not in hos	spital, give street address)	MElicott		e. IS RESIDENCE ON A FARM?
	Shaffer	's Conval	escent	Retreat	130 Dunlog	ggin Road	YES NO X
1.	NAME DF DECEASED (Type or print)	Kalma		Middle Mal		4. DATE Month OF DEATH Januar	
Š.	SEX M	6. COLOR OR RACE	WIDOWED	NEVER MARRIED	May 3, 187	last_birthday)	
lur	Ing most of worki Retired	ION (Give kind of work ing life, even if retire Macninis	d) IND	DUSTRY	Hungary	unty & State, or foreign country)	12. CITIZEN OF WHAT COUNTRY?  U. S.A.
15.	Janos	Mako			14. MOTHER'S MAIDI	EN NAME	
15 [Ye	WAS DECEASED	VER IN U.S. ARMED FO (If yes give war or dates o	RCES? 16. S		INFORMANT	Address	Parkethering
		ATH WAS CAUSED BY IMMEDIATE CAUSE DUE any, which Immediate atling the DUE	(a) Cere TO Arter	7-03-9697Mr e for (a), (b), and (c).1 Phral Vasca Wichobia (a	/ 0 /	130 Dunlogs 1500 4lor Disease	INTERVAL BETWEEN ONSET AND DEATH
ERIFICALION	20a. ACCIDENT	IGNIFICANT CONDITION  WAS UNDERLYING TO THE PROPERTY OF DEAL SEAMING TO THE PROPERTY OF THE PROPERTY MEDICAL EXAMING THE PROPERTY ME	T 20b. DF			INJURY IN PART I OF PART II OF	YES NO
מובחורשה ב		NJURY Month, Day,		- Not While - fact	ACE OF INJURY (Home, far ory, street, office bldg., et	c.)	(County) (State)
		Reased alive on 1	F. He	the deceased from 1966, and the Lerbert, M.D.	at death occurred at 7	IED. STAFF IRECTOR PHYS.	1966, that (11) we) last and on the date stated above.  22b. DATE SIGNED  1-22-66  44 C.Ly. M.d.
24.	BURIAL CREM REMOVAL (SPE PEMALIO FUNERAL DIRE ATTY H.	n   Jan	1HEREOF 24 166 321 Col	23c. NAME OF CEMETER Loudon Pai ADDRESS Lumbia Pike	rk	4	

Ellicott City

VR AI5 (4) 20M 1/65



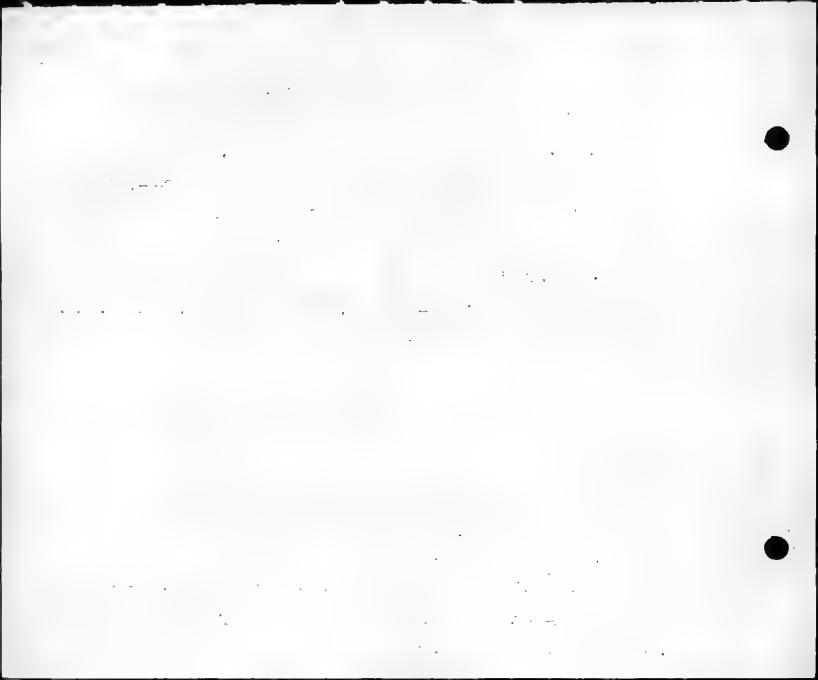
## FOR STATE HEALTH DERY.

TO DEPUTY ME: EXAMINE This \_\_rt \_\_ate \_\_t be \_\_xe\_\_ted \_\_\_n \_ lour after \_e.h. If any delay \_\_cessary, please execut. \_\_e certificate, writing the word "bending" in pencil in Item 18. Give Pages 1, 2, and 3 \_\_e funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages I add to the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event of thin 72 hours after death, MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

11/519

				1,7	4	
1. PLACE OF DEATH a. COUNTY		UAL RESIDENCE (WI	ere deceased lived, If in		e before admiss	lon)
Howard	ARYLANO	Maryland		gward		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Ellicott City	STAY IN 1b c. CIT		ie corporete limits, w	ite RURAL and g	ive nearest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give stre	et eddress) d. STR	Ellicot EET ADDRESS	t City		e. IS RESIDE	NCF
113 Fels Ave.		13 Fels Av	r/h		ON A FARM	VI?
3. NAME OF First Middle				h Do	YES NO	4
Oype or print) CHARLES THEODORE	MARTIN		OF	h Day 3 <b>–1</b> 966	y Year 19	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED 8. DATE	OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR		
Male White WIDOWED DIVOR	CED 3-6-	1.896	69 yrs.	Months Days	Hours M	lin.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KiND OF BUSINESS INOUSTRY	OR 11.	IRTHPLACE (State of		12. CITIZEN COUNTR	OF WHAT	
Retired		hoenix, Md		COONTR	11	
13. FATHER'S NAME		OTHER'S MATOEN NA	ME	_'		
Joshua T. Martin	İ	France	s Mc Cauley	T		
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY (Yes, no, or unknown)   (If yes give war or dates of service)	NO. 17. INFORM	ANT	Addre	39		
No 215-10-555	0 Mrs.Hi	dreth Cros	s,ll N.Avo	ca Ave. 1	E.C. Md	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), en	d (c).]			ENTE	ERVAL BETWE	EN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Coronary	Thrombosis			ONS	set and deat Insta	
1 201 DUE TO						443
Conditions, if eny, which ) (b)						
gave rise to immediate						_
underlying agence lead						
/ (0/	UT NOT RELATED TO T	HE TERMINAL DISEAS	E CONDITION GIVEN IN	PART 1(a)   139.		
					PERFORMED  ES NO	
20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW II	NUIRY OCCURRED. (F	nter nature of Injury	In Part I or Part II o		13   NO	M
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH B  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CAUSE OF DEATH.  20c. Time of Injury Month, Oay, Year 20d. Injury OCCURREC While S.m. P.m. 19 at work at work at work at work at work	Walti Goodiites (	nter natare or injury	THE STATE OF THE PERSON	, 100111 200y		
3 20c. TIME OF INJURY Month, Cay, Year   20d. INJURY OCCURRED	20e. PLACE OF IN	JURY (Home, farm,	20f. (City or town)	(County)	(State	1)
Hour a.m. While Not While at work at work	Tactory, street	, office bldg., etc.)				
21. I certify that I took charge of the remains described	above, held an Au	topsy 🔲, 🛮 Insp	ection 🕱 , Inqu	iry 🗓, and	d in my opin	ilon
death resulted from: Natural causes XX Accident	, Suicide	, Homicide	, Undetermined	manner		
(C/B) d	1	HIEF MEDICAL EXAM	INER 🔲			
SIGNATURE SOCIETY STEELE BY		SSISTANT MEDICAL		22	2. DATE SIGN	ED
EXAMINER'S George E.Burgtorf M D 40		eputy medical ex describing the		1-4-196	6	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMOVAL (Specify)	CEMETERY OR CRE	MATORY 230	d. LOCATION (City, to	wn or county)	(State)	=
Burial 1-6-1966 Good St	hepherd		Ellicott C	ity, Md		
24. FUNERAL DIRECTOR AOORESS	-	25a. REC'D BY	REGISTRAR   25b. R	EGISTRAR'S SIGN		
F.C. Higinbothom, Ellicott City, Md		ONTAN 6	1966	corles for	udge	

M 1/65



O DEPUTY MEDISON EXAMINER: This certificate should be executed within 24 hours after death. If any delay incressary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

			THE RESIDENCE AND INC.		
O O Dixision of	STATISTICAL RESEA	RCH AND RECORD	S, 301 W. PRESTON	STREET, BAI	LTIMORE 1, MARYLAND
00838	MEDICAL	EXAMINER'S	CERTIFICATE	OF DEA	LTIMORE 1, MARYLAND

		IIIIAGU -
1. PLACE OF BEATH a, COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: R a. STATE b. COUNTY	esidence before admission)
Howard Maryland	Maryland Baltimore	0
	c. CITY OR TOWN (If outside corporate limits, write RURAL	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	o. Otto on total (il outside solpolate dance) when house	one gare near our tenny
Marriottsville	Carltievore 34 03 -	2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AODRESS	e. IS RESIDENCE ON A FARM?
Albeth Road	8820 Lakewood Road	YES NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
OFFICE OF STREET	DEATH Tan. 11, 196	56 19
	B. DATE OF BIRTH 19. AGE (In years   IF UNDER	1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	Oct.30,1897 (est birthdey) Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. Cl	ITIZEN OF WHAT
		DUNTRY?
Salvage Worker - Retired Chev. Motors	Frederick Co., Md.	
George Clinton Peddicord  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	Julia Ann Moxley	
(Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Albeth Koa	.d
No None Mr	. Arthur W. Schafer Merriottsy	ille Md.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH
IMMEDIATE CAUSE (e) Coronary Thrombo	)S1S	Instant
4 2 0 1 OUE TO		
Conditions, If any, which ) (b) Arteriosclerotic	Vascular Disease	4 years
gave rise to immediate		
cause (a), stating the DUE TO		
underlying ceuse last. (c)		
8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
The state of the s		YES NO A
20a. EXTERNAL CAUSE WAS 1 20b. DESCRIBE HOW INJURY OCCU	RREO. (Enter nature of injury in Part I or Part II of Item 18.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELATED TO SEATH BUT NOT REL		
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm, ) 20f. (City or town) (Cou	inty) (State)
Hour e.m. While - Not While	ry, street, office bldg., etc.)	(01010)
p.m. 19 While Not While		
21. I certify that I took charge of the remains described above, held	d an Autopsy , Inspection X, Inquiry X,	and in my opinion
death resulted from: Natural causes (X) Accident [], Suid	cide . Homicide . Undetermined manner	
	CHIEF MEDICAL EXAMINER	
ACTUAL Y POLICE OF TOTAL	CONTRACT MEDICAL EVALUATION CO	22. DATE SIGNED
SIGNATURE COLLINE COLL		
EXAMINER'S NAME (Type) George E. Burgtorf M D 42 Cm	DEPUTY MEDICAL EXAMINER To Charley, Md L	_11_1966
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or cou	unty) (State)
REMOVAL (Specify) 1 - 11 - 66 Meadowridge	Mem. Pk Cemt. Howard Co., Md	
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
71/2 1 7 6 2 18 Bulton mel.	18 10 10 10 10 10 William	when Judge
Win p Vecimen & sono nottable.	DATE JAN 13 1966	0

VR AISME (5) 5M 1/65

TO DEPUTY MEDIS

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	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	L RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CFRTIFICATE OF DEATH	, MARYLAND
00839	CERTIFICATE OF DEATH	0110

CERTIFICAT	E OF DEATH 00821
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before admission)  e. STATE  b. COUNTY
HOWATG MARYLAND	Maryland Howard
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Marriottsville	Marriottsville /3-/
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET AOORESS  e. IS RESIDENCE on a Farm?  YES \ No \
3. NAME OF First - Middle	Last / 4. DATE Month Day Year
(Type or print) Marven B De	addicard DEATH Jan 22 1966
7. MARKITED X MEVER MARKITED	last birthday) Months   Days Hours   Min.
Male   White   WICOWEO   DIVORCEO	Mar. 19.1887 78 yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INOUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY?
Retired Farming	Baltimore, Md
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles Peddicord	Emily Weiderman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address
NO WASHINGTON	CMOR HADRINGA MODULATS KILLERED
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (a) # CERTURE	ry yellusion 30 minus
4 401 DUE TO A 1 A	A DAR. I Dad ! III
Conditions, if any, which ) (b) Abselve 8 clery	ext accioanscular usame 14 lb-
gave rise to immediate	1 2 1 1 2 2 1
underlying cause last. (c) Jenerali Le	astribelleron 20 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELI	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELIABLE TO A CALLE LESS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	melliques YES NO DE
20a, ACCIDENT WAS UNDERLYING TI 1 20b. DESCRIBE HOW INJURY OCCU	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)
OR CONTRIBUTING CAUSE OF OFATH O (IF EITHER, NOTIFY MEDICAL EXAMINER)	ADDITION OF THE AT THE PART OF
71-	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. While Not While	ory, street, office bldg., etc.)
	11.10 16 10 17 161
21. I certify that (I) (this hospital) attended the deceased from	Hule 17, 1965, to Jan CC, 1966, that (1) (we) last
	t death occurred atM, from the causes and on the date stated above.
22a. SIGNATURE	22b. OATE SIGNEO
Law Omitman M.	D. PHYS. DIRECTOR PHYS. DI 7. 22.66
22c. PHYSICIAN'S	22d. ADDRESS ()
NAME (Type) Sanc OKUTMAN	Sakesville, na
020 DUDIAL ADEMATION   025 DATE THEOROG   1 020 Name Of ACCUPANCE	V OD ODESSAYON LOCAL LOCALION (Olds Assure or county) (Olds Ass
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER'S REMOVAL (Specify)	
Burial 1-25-1966 Mt. View	Alpha, Md
24. FUNERAL DIRECTOR ACORESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
F.C. Higinbothom, Ellicott City, Md	DATAN 25 1966 Pelinglas angel

VR AI5 (4) 20M I/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, should be detached for use as the burial-transit permit. Then please, showe carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and it any event, within 72 hours after death.

